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# Worldwide Report

EPIDEMIOLOGY

No. 319

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23 May 1983

## WORLDWIDE REPORT

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ARGENTINA

BRIEFS

POLIO CASES IN CHACO--Three alleged polio cases have been reported in Chaco Province. A 4-year old girl and a 5-year old boy from (Colonia Cabure) near Villa Angela have been hospitalized at (Lorenzo Castellan) Hospital in Resistencia. Another baby from (Pampa Esperanza) near Quitilipi is also reportedly afflicted with polio. [Buenos Aires Domestic Service in Spanish 1030 GMT 13 Apr 83 PY]

MORE POLIO CASES--A 4-year old from (Colonia Cabure) near Villa Angela in Chaco Province, has been found to be afflicted with polio. Similarly, the Public Health Ministry of Chaco Province has reported that two youths from the city of Resistencia are also afflicted with the disease. [Buenos Aires Domestic Service in Spanish 1600 GMT 15 Apr 83 PY]

CSO: 5400/2072

# BOTULISM CASES BRING CALL FOR STRICTER FOOD IMPORT CONTROLS

Canberra THE AUSTRALIAN in English 11 Mar 83 p 3

[Article by Paul Lynch, Cosetta Bosi and Ross Peake]

[Text]

THE Victorian Minister for Health, Mr Roper, has called on the Federal Government to implement tougher controls on imported food.

Mr Roper said yesterday the four cases of botulism in NSW, which had led to the recalling of all mushrooms canned in Taiwan, highlighted serious weaknesses in checks on imported foods.

He said food importers should keep up-to-date records of every shipment entering the country to assist the Government in warning the public about suspect foods.

Health Commission staff attempting to track down cans of Taiwanese mushrooms in Victoria had been handicapped because the distributing company's records were months behind.

Meanwhile, the NSW Department of Health is expecting to have by Monday the results of further tests on food, including the Taiwanese canned mushrooms eaten by four people who are suffering from botulism.

Tests carried out by the department and the CSIRO have so far not established a link between the mushrooms and the outbreaks of botulism.

The brands concerned are Admiral and Daftaw, but all cans of mushrooms and champignons imported from Taiwan have been ordered off shop shelves.

A spokesman for the Commonwealth Department of Health said yesterday that at this stage, the matter was essentially a State Government responsibility.

The department was empowered to check food at the point of entry but at the moment, was primarily concerned with high-risk foods such as prawns, peanuts, dates and desiccated coconut. It was unlikely that mushrooms would be tested.

It could prohibit the importing of the mushrooms if it was established that they were responsible for the outbreaks of botulism.

The general manager of the Food Retailers Association of NSW, Mr Graham Parnell, said yesterday said his association would support the NSW Department of Health on the matter.

## Outbreaks

Three of the food-poisoning victims - a two-year-old Griffith boy, his grandfather and mother - were still in hospital yesterday but their conditions are said to be improving.

The condition of the latest victim, a middle-aged Macquarie Fields man who was admitted to Liverpool Hospital on Wednesday, was yesterday described as satisfactory and stable.

In Queensland, the Minister for Health, Mr Austin, yesterday called for all canned mushrooms from Taiwan to be returned to retailers pending clarification of the botulism outbreaks in NSW.

Mr Austin said three cases of food poisoning in Brisbane, involving people who had eaten mushrooms, were being investigated.

# NEW MEASLES-MUMPS VACCINE INTRODUCED IN BRISBANE

Brisbane THE COURIER-MAIL in English 9 Mar 83 p 10

[Article by Andrew McKenzie]

[Text]

A COMBINED vaccine which protects children against both measles and mumps will be available at the Brisbane City Hall from next week.

The Brisbane City Council health committee chairman, Alderman O'Sullivan, said a single injection would give long-lasting protection against both diseases. He said it was available to children from the age of 12 months.

"The combined vaccine can be given to people who have had, or have been immunised, against either disease," he said.

"With measles and mumps, it is not so much the disease but the complications that present the main risk," he said.

The move to introduce the new vaccine was applauded at yesterday's council meeting.

Alderman Brusasco (ALP, Lutwyche) said it was a worry that, since the incidence of diseases such as whooping cough, diphtheria, tetanus and polio was decreasing, many parents had neglected to keep their children's immunisations up to date.

"We have to keep reminding people of the importance of immunisation and make sure that 100 per cent of the children in our community are immunised against all diseases," he said.

The Opposition Leader, Ald. Sallyanne Atkinson, said the council should heavily promote its immunisation program. She said the council should produce a brochure on it which could be available at ward offices.

The City Hall clinic will be open from 2 p.m. to 5 p.m., Monday to Friday, as well as Wednesday 11 a.m. to 12.45 p.m. and Thursday 5 p.m. to 6.45 p.m.

The council's mobile clinic will visit all high schools in the Greater Brisbane area in July to immunise girls against rubella (German measles).

# NUMBER OF MEASLES CASES DROPS 'SUBSTANTIALLY'

Manama GULF DAILY NEWS in English 12 Apr 83 p 3

[Text]

THE number of measles cases in Bahrain dropped substantially last month compared to the same period last year.

Only 31 cases were reported last month, as against 187 cases in March, 1982.

Health officials recorded over the past three months 39 cases, of which 35 were in unvaccinated children.

The drop in figures followed an intensive vaccination campaign launched by the Public Health Directorate.

"Of the four vaccinated children who developed measles, one received the vaccine before the age of one year. No booster was given, and the child developed the disease nine years after vaccination," said a Health Ministry spokesman.

The total number of measles cases reported on the island over the past 10 years is 2,068.

Talking about other communicable diseases, the spokesman said there were no typhoid cases in Bahrain last month.

Six cases were reported in January and February, of which two were imported.

The number of viral hepatitis cases for three months was 47, against 39 cases for comparable period in 1982. Thirteen of them were imported.

Bahrain's hospitals also treated 32 new patients for pulmonary tuberculosis during the last three months.

MEASURES TAKEN AGAINST EPIDEMICS IN KHULNA

Dhaka THE BANGLADESH OBSERVER in English 4 Apr 83 pp 1, 12

[Text] KHULNA, April 3--A vigorous anti-epidemic measure has been launched in Khulna city against outbreak of cholera and other stomach diseases which claimed eight lives in Khulna municipal area over the past few weeks.

According to Civil Surgeon, Khulna, an Army medical team headed by a senior Army doctor has joined the local health staff in the mass inoculation and vaccination campaign in the city and supervising implementation of all anti-epidemic measures undertaken by the local health authority and municipal health staff to check the outbreak of the diseases. Two temporary emergency infectious diseases centres have been opened in the city to treat the patients attacked by suspected cholera and Diarrhoea. The Civil Surgeon said that so far eight patients died of diarrhoea, and cholera in Khulna municipal area though the number of patients attacked by these diseases stood at 395. He added that during the last four days the death toll stood at two against a total number of patients of 160.

The Civil Surgeon stated that the outbreak of epidemics in certain areas of Morrelgoni Kachua and Mollarhat of Bagerhat Sub-division have been effectively checked. According to his figure so far 86 patients died of suspected cholera in these police stations. Sporadic cases of suspected cholera have been received from Chitalmari police station of the same Sub-division and proper preventive measures has been taken by the health staff, he said.

CSO: 5400/7100

CHOLERA BREAKING OUT AGAIN IN BAGERHAT, OTHER AREAS

Dhaka THE NEW NATION in English 7 Apr 83 p 2

[Text] BAGERHAT, Apr 5--Cholera that had been subsided in the south east of Bagerhat Sub-division has again broken out in north-Bagerhat particularly at Chitalmari, Mollahat and Bagerhat thanas including Bagerhat municipal area.

The disease has claimed a toll of 33 human lives in those three thanas (Chitalmari-19, Mollahat-9 and Bagerhat-5) in the last fortnight alone, according to non-official reports here.

This puts the non official death figure to 130 during the last one and half month. But the Deputy Civil Surgeon of Bagerhat confirmed only 103 deaths.

Scarcity of pure drinking water, sale of unwholesome food stuff and rotten fish and the existence of kutchra latrines have been ascertained to be the main causes behind the outbreak of this fatal and infectious disease.

Charbaniari, Hizla and Kalatala unions are the worst affected areas in Chitalmari thana.

It is learnt that there is a scarcity of saline and other necessary medicines. For want of these medicines the medical teams engaged in the cholera affected areas cannot discharge their duties properly.

Lt. Col. Dr. Moniruzzaman of Jessore Cantonment, the Deputy Director of Health, Khulna, Civil Surgeon, Khulna, the S.D.O. Bagerhat and the Deputy Civil Surgeon of Bagerhat visited the cholera affected areas.

Madaripur

Madaripur Correspondent adds: Cholera has claimed seven lives and attacked another 36 persons in upgraded Rajoir thana, according to a telegraphic message.

According to an official source, the affected villages are Hori das, Mahendradí, Kabirajpur and Vatiarkandi.

CSO: 5400/7102

BRIEFS

MORE CHOLERA DEATHS--PABNA, Apr. 4--Fourteen persons died and more than 500 were attacked with diarrhoea following outbreak of the disease in epidemic form in Pabna Sadar, Atghoria and Ishurdi thanas during last 15 days. On an average 20 diarrhoea patients are being admitted to Pabna Sadar hospital every day. District medical control room when contacted confirmed seven deaths. According to the Deputy Civil Surgeon, Pabna 100 persons were attacked only within Pabna Sadar thana. No effective measures have been taken to combat the epidemic. It was learnt that scarcity of drinking water was responsible for fresh outbreak of diarrhoea. Madaripur correspondent adds: Cholera broke out in epidemic form in Shibchar thana where it had already claimed 19 lives and 82 more persons were attacked with the diseases, according to an official source. The affected villages are: Barcha, Bashkaudi, Bora, Vilukhi, Shaikpur, Bajitpur, Panchar. [Dhaka THE NEW NATION in English 5 Apr 83 pp 1, 8]

MEASLES OUTBREAK REPORTED--Measles also has broken out in upgraded Rajior Thana where it already attacked about 100 children. According to report, the affected villages are Amgram Purbapara and Paschim para. At least seventy children of Amgram Union Parisad and another thirty children of different unions of Upgraded Rajior Thana. [Dhaka THE NEW NATION in English 9 Apr 83 p 2]

CSO: 5400/7104

## BRIEFS

**WIDESPREAD ACUTE VIRAL INFECTION**--An acute viral infection has appeared recently in Cyprus causing laryngitis (temporary, of course) in thousands of persons, including Archbishop Khrystostomos who was unable to officiate in the 1 April national independence doxology. Medical circles informed us that the infectious viral epidemic causes a larynx allergy followed by spasms and hoarseness which often affects and weakens the voice and causes respiratory difficulties. The infection strikes all ages, young and old. We are also informed that an acute flu has broken out causing the accumulation of heavy mucous in the nose which in turn causes severe headaches. Already, many persons have gone to city hospitals for the removal of the coagulated mucous in their nasal passages, having previously taken antibiotics but with no results. /Text/ /Nicosia O FILELEVTHEROS in Greek 2 Apr 83 p 127 7520

CSO: 5400/2535



SEVERAL CASES OF MENINGITIS REPORTED IN BAVARIA

West Berlin DIE TAGESZEITUNG in German 14 May 83 [sic] p 8

Aichach/Munich (taz). The battle against infectious diseases has in the meantime been won, announced Irmgard Karwatzki, State Secretary of the Federal Ministry of Health, at the beginning of April, at the opening of the German Health Congress. There are many in Swabia who cannot share this sweeping perspective. In the Aichach-Friedberg District alone, three children died of meningitis this winter.

In the Aichach-Friedberg District, five children this winter contracted a special form of meningitis (endemic or meningococcal meningitis). Three of the children died. While physicians were unable to detect the underlying reasons for the high incidence of deaths, they became practiced in calming the populace:

In mid-March, the director of the Aichach Health Office, Dr. Regine Deckert, told the Muenchner Merkur that, since the five-day incubation period (interval between contamination and outbreak of the disease) was now over, there was no further reason for worry.

Two weeks later saw the for-now last case of meningitis. A 14-year-old boy survived only because he was treated at a very early stage, thanks to the awareness of parents and physicians.

In a conversation with taz, Dr. Deckert now admitted that the idea of an incubation period is nonsense in this connection, since humans can harbor the pathogens for a long period until they (perhaps) contract the disease.

"Not An Epidemic Yet"

Dr. Deckert also told the press that (as it says in the textbooks) the incidence would decline during the warmer season. This, too, is only a vague hope: According to information from the Bavarian Provincial Office for Statistics, frequency of the disease in the summer months of 1982 was only 5 percent lower than in the winter months of the same year.

## "Not an Epidemic"

Higher authorities also expressed their lack of concern: Dr. Hans-Heinrich Reitz of the Health Department in the Bavarian State Ministry of the Interior indicated to tax that, so far as he was concerned, the incidence of five cases of meningitis in the District of Aichach-Friedberg and three cases in the neighboring Augsburg District did "not constitute an epidemic." Dr. Weise, Institute for Social Medicine and Epidemiology of the Federal Health Office (FHO) in Berlin, stated that it was not unusual to have an occasional accumulation of meningitis cases.

## Normal and Abnormal

However, a few details are contradictory to the statements of the health authorities in Aichach, Munich and Berlin, to the effect that the meningitis cases in Aichach are normal. According to BGA data, normal mortality (death rate: proportion of deaths in terms of the total number of cases of the disease) is five to eight percent (Bavaria, 1982: 15%). Taking into account the mild cases in the Augsburg District, the mortality rate in the Aichach area was 37.5 percent. It is normal for the course of the disease to be occasionally severe and occasionally mild, sometimes rapid and sometimes slow. All eight cases in Swabia were "supereacute", i.e. the patients became ill very rapidly and very severely. (Again according to BGA) it is normal that the infection is most likely to be fatal in elderly individuals and infants. The patients who died in Aichach were between 10 and 17 years old.

## Susceptibility.....

The high mortality rate, the acute course and the age of the patients who died do not fit into the previous picture of meningococcal infections. In the struggle between disease pathogens and humans, there has been some change to the detriment of humans. Either the virulence (totality of pathogenetic properties) of the pathogen has changed by comparison with earlier pathogen types, e.g. due to mutation, or the sensitivity to disease (susceptibility) of the patients was greater, e.g. due to environmental factors. To date, there are no indications for an elevated susceptibility on the part of the children who became ill. With one exception in the case of two siblings, infection pathways could also not be reconstructed to date.

## ....Or Mutation?

The physicians who have been involved, have not considered the second possibility, as an explanation for the altered disease picture, viz. an increase in the virulence of the pathogen Neisseria meningitidis due to mutation. According to the Bavarian Ministry of the Interior, this could be determined only in retrospect (if enough patients have died; the speaker).

The antibiotic sensitivity tests (tests to see which antibiotics are effective) have indicated that pathogen from all patients were sensitive to all antibiotics which, according to Dr. Jeckart, authorized the physicians. The fact that the pathogen had not become accustomed to even one of the conventionally used antibiotics also shows that it has been in existence for a short time only. Theoretically, it would have been possible to check the suspicion that a new pathogen was involved. In order to do this, samples of the pathogen would have had to be sent to the "high priest of meningococci" (as he is called by his colleagues) Prof. Sarger, in Heidelberg. He could have compared these samples with those of known pathogens. However, the cultures were unfortunately destroyed in the Augsburg laboratory. But this could have happened only either if the culture methods were not known there or the (new) pathogen could not be preserved with the existing methods.

#### Inoculations Not Yet Tested, Expensive

There has recently been a vaccine against serotype C of Neisseria meningitidis. However, according to Dr. Jeckart and Prof. Leithart, this has not yet been tested in the Federal Republic. The risk of the inoculation (e.g. allergies) and "the matter of cost" (Prof. Leithart) must be considered in relation to the number of cases of the disease that are still expected. Dr. Jeckart expects "one or two additional cases."

Until further notice, she prescribed the same measures used for prevention of colds for the district population, i.e. avoid excess fatigue and practice proper oral hygiene. If anyone continues to be afraid of meningitis, they can have their family physician prescribe antibiotics.

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010:6400/2604

FIJI

BRIEFS

TYPHOID DEATH--NZPA, Suva. An outbreak of typhoid in Fiji has claimed its first victim, 21-year-old Teapo Naseva, of Rabi Island. Since Hurricane Oscar swept Fiji early in March there has been a sudden increase in the number of suspected cases. Eight cases have been confirmed and four others are suspected. [Text] [Auckland THE NEW ZEALAND HERALD in English 4 Apr 83 p 1]

CSO: 5400/4411

GHANA

BRIEFS

CHOLERA OUTBREAK, DEATHS--An urgent appeal has been made to the Ministry of Health, the Emergency Relief Aid Secretariat, as well as public-spirited organizations and individuals to dispatch medical supplies to the Somanya hospital to help treat the mounting cholera cases reported there. According to a spokesman for the town, an average of three people dies daily at the hospital because of lack of vital drugs to combat the outbreak of the disease in the area. Another appeal has gone to the authorities to come to the aid of about 25 accident victims who are on admission at the Somanya hospital.  
[Text] [Accra Domestic Service in English 1300 GMT 29 Apr 83 AB]

CSO: 5400/241

## BRIEFS

CRITICISM OF FOOD HANDLING--Opposition Councillor, Harold Snagg yesterday spoke out against food handlers, particularly those in Chinese restaurants, who show reluctance towards seeking medical examination as required by law. Referring to cases where he visited a few restaurants and learnt of the many food handlers unwilling to go for medical checkup, Cde Snagg told the statutory meeting of the City Council that a "dangerous" situation is looming for persons who eat food from restaurants. A special committee of the City Council will shortly investigate conditions under which food is prepared at restaurants. It will also look at the operations of liquor restaurants. Deputy Mayor Claude Merriman, who chaired yesterday's proceedings in the absence of Mayor Mavin Benn, told the meeting that the Council will do everything within its powers to put an end to unscrupulous practices in restaurants. [Text] [Georgetown GUYANA CHRONICLE in English 29 Mar 83 p 8]

CSO: 5400/7565

MYSTERIOUS KILLER DISEASE PERSISTS IN JODHPUR

Bombay THE TIMES OF INDIA in English 31 Mar 83 p 15

[Text] JAIPUR, March 30 (PTI)--The mysterious disease which claimed 67 lives within 50 days (February-March) in village Solankia Tala of Jodhpur district is still persisting although the fatality has gone down, according to a medical team which visited the affected areas early this week.

Dr. Gauri Shankar, a senior chest specialist, who led the team said here today that the disease was still unidentified. However, all the patients were responding to the treatment.

The team, sent by a local newspaper, "Rajasthan Patrika," has also ruled out starvation as the cause of the deaths. Dr. Gauri Shankar said the deaths were not due to malnutrition either as the victims belonged to prosperous families.

The team which had taken a mobile laboratory and para medical staff, expects to pinpoint the cause of the disease within six to eight weeks when the results of the chemical examination of the samples collected would be available.

They are sending the samples to the Central Institute of Virology as they suspect viral infection.

Dr. Gauri Shankar said unfortunately no post-mortem was performed on the victims, which could have given the vital clue to the cause of the disease.

Dr. Gauri Shankar said the deaths occurred within four hours to four days. The main symptoms were cough and high fever. Children had particular appearances like sudden flush of face.

CSO: 5400/7098

## BRIEFS

STATISTICS ON TYPHOID--AJMER, April 1 (PTI)--Seven million persons suffered from various water related diseases in the country of which 11,234 persons died, according to the latest Health Statistics of India (1982). The diseases caused by poor sanitation include typhoid, infective hepatitis, cholera, dysentery and gastro-enteritis, the Central Bureau of Health Intelligence said. Of the 290,000 cases of typhoid, the highest number (80,624) was reported from the hospitals in Madhya Pradesh followed by 45,000 cases from Uttar Pradesh and 88,200 from Karnataka. Analysis of the statistics reveal the highest combined incidence of water-related disease for 10,000 population was in Lakshadweep (2,500) 1,936 in Andaman and Nicobar Islands. In Delhi it was 379 per 10,000 persons compared to the national average of 109 per 10,000. The highest number of persons suffering from diarrhoeal diseases was in Maharashtra (1.2 millions) and Madhya Pradesh (one million), while Tamilnadu (28 per 1,000) accounted for maximum number of fatal cases. Since hydration therapy saves a vast majority of diarrhoeal cases, the high incidence of fatalities reflects the failure of the primary health care delivery system in Tamilnadu. [New Delhi PATRIOT in English 2 Apr 83 p 7]

CSO: 5400/7099



VENDOR'S WATER FOUND TO BE SOURCE OF WEST JAKARTA GASTROENTERITIS

Jakarta KOMPAS in Indonesian 29 Mar 83 p 3

[Article: "Gastroenteritis in West Jakarta: Bacteria Spread by Pushcart Vendor's Water"]

[Excerpt] Dr Soekardjono, chief of P3M [control, prevention and eradication of communicable disease] Affairs of the Special Capital Region of Jakarta Health Service, told KOMPAS in his office on Monday afternoon [28 March] that gastroenteritis which had spread in 12 wards in West Jakarta has subsided but the public must continue to be vigilant, maintain a clean environment and cook food and boil water before eating or drinking it.

Soekardjono explained that the Special Capital Region's Health Service is continuing to investigate the source of the disease that erupted on 9 March. Further, treatment is being given to former patients who it is believed are still infected with gastroenteritis bacteria even though they seem to have been cured.

It was recorded that the recent outbreak of gastroenteritis resulted in 881 cases in West Jakarta. Further there were 579 cases in wards scattered throughout the other Special Capital Region areas. As of Monday afternoon, 10 persons had died of gastroenteritis in Jakarta.

Dr Soekardjono said that since 24 March only one to four persons were admitted daily to hospitals for gastroenteritis. When the disease was spreading, dozens of persons in the 12 wards were treated daily in hospitals. This indicates the gastroenteritis outbreak is beginning to subside.

Regarding the hydrant suspected of being the source of gastroenteritis bacteria, Dr Soekardjono explained the health service investigation revealed that the bacteria was present, but it has been confirmed that water from that hydrant was contaminated by water oozing from the local residents' garbage dump. Kaporit has been used to control the contamination. Residents' wells and the local hydrants have been treated with kaporit.

Dr Soekardjono reported that the circumstances are very poor in the areas stricken with gastroenteritis for the past 20 days. The residents generally have been buying their drinking water from a pushcart vendor. The health

Service investigation showed that the source of the gastroenteritis bacteria was the water peddled by this vendor.

"Perhaps his hands were dirty or were contaminated by the vendor who may have carried the gastroenteritis bacteria," Soekardjono said.

6404

130: 6400/8421

## BRIEFS

GASTROENTERITIS IN NORTH SUMATRA--Seven persons died and 48 are still being treated for gastroenteritis which struck the Natal Subdistrict, South Tapanuli Regency, located about 500 kilometers from Medan. A South Tapanuli Health Service team, headed by Dr Syamsuddin Nasution, during its investigation, found pieces of fabric and cans hanging from trees. They had been hung there by local residents who believe the fabric and cans will capture the disease which has taken seven lives. The South Tapanuli Health Service team is continuing to provide treatment. The disease is not a major calamity, Dr Sjamsuddin said, but it erupted because of poor sanitation, particularly poor potable water facilities and poor personal hygiene. [Excerpt] [Jakarta MERDEKA in Indonesian 18 Mar 83 p 4] 6804

GASTROENTERITIS IN RIAU--The gastroenteritis epidemic which struck Serapung Village in the Kuala Kampar Subdistrict, Kampar Riau Regency, resulted in 14 deaths; 105 persons are still under treatment. Fifty families fled the village because they were afraid of catching the disease. Moreover, there is little clean water in that village. Questioned by MERDEKA in Bangkinang, A. Jali Johan, secretary of the Kampar Regency area, replied that his office had learned of the gastroenteritis epidemic on 19 March and as of 22 March 14 children had died. Treatment is being provided to 105 other persons at the local elementary school. A. Jali Johan added that 50 families fled to Selatpanjang because they were afraid they would contract gastroenteritis which might cause death. He also said that the drought in Serapung Village had created problems in obtaining clean water. Water is obtained only from ditches where it no longer flows and is unsuitable for human needs. Earlier in Selatpanjang these 50 families had been quarantined for gastroenteritis. Upon investigation only one of the refugees was found to have gastroenteritis. These people originally lived in Selatpanjang but moved to Serapung Village to farm. There are some 2,000 residents of Serapung Village who gain their livelihood from dryland agriculture. [Excerpts] [Jakarta MERDEKA in Indonesian 29 Mar 83 pp 1, 12] 6804

GASTROENTERITIS IN BALI--Since 14 March 67 residents of Denpasar have been stricken with gastroenteritis including 27 who were admitted to the Wong Aya General Hospital (North Denpasar) on the morning of 15 March which coincidentally was the Nyepi holiday. As of 1900 on 15 March 1 person had died and 35 were still being treated at the hospital. The rest had been sent home. The majority of those stricken came from Baha Village, Mengwi

Subdistrict, Badung Regency. Others came from Pelita Pekambangan Ward and Yangbatu Village. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 16 Mar 83 pp 1, 12] 6804

GASTROENTERITIS IN CENTRAL SULAWESI--On 14 March a gastroenteritis epidemic struck the Bora and Tewuno Villages of Iromaru Subdistrict, Dongkala Regency. According to a report received by the Dongkala Regency Health Service, 20 persons had died as of Monday [21 March]. It is believed the number of deaths is rising. However, since there have been no reports on the death rate, it is impossible to ascertain how many persons have actually died. As of Monday it was reported that gastroenteritis had spread to Palu City. According to Mrs Ragiah Rustam, chief of the Southeast Sulawesi Province Health Service, a number of residents of Ujua Village and Baru Hamlet in the west Palu area were reported to have been stricken with gastroenteritis. As on Monday afternoon it was still not known how many cases had developed. There was another report of gastroenteritis epidemic in Besusu in the east Palu area. The Southeast Sulawesi Health Service ordered local residents to prepare oralit as first aid to family members stricken by gastroenteritis. This medication is sold without perscription at apothecary shops or drug stores. On Friday [18 March] village chiefs as well as Dr Herman of the public health center warned the residents to be vigilant about certain parties taking advantage of the situation, for instance, persons who illegally offer injections. The public was informed that such injections are ineffective for preventing or curing gastroenteritis. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 23 Mar 83 p 3] 6804

GASTROENTERITIS IN ACEH--In Sekinel Village, Linge Isag Subdistrict, Central Aceh Regency, 21 children under the age of 5 have died in the past month from gastroenteritis and convulsions. According to information obtained by SINAR HARAPAN on Friday [25 March], none of the victims was treated at the public health center because the village is located far from the capital of Linge Isag Subdistrict. It takes 2 days and 2 nights to get there on foot. Queried by SINAR HARAPAN on Saturday morning, Dr Ilyas, chief of the regional office of the Special Region of Aceh Health Department, admitted that his office as yet had not received a report from the Central Aceh Health Service. "The Central Aceh Health Service must first inform us before we become involved with this contagious disease," he said. He said his officw would contact the local health service immediately. A team will be sent to the village if the contagious disease is really spreading there," he added. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 26 Mar 83 pp 1, 12] 6804

RABIES IN BOGOR--The mass vaccination program for rabies in the Bogor municipal area which began on Wednesday [20 March] is to be discontinued. Until further notice, dogs running loose will still be caught and killed. Veterinarian Asrul Makmur, chief of the Bogor Municipal Animal Husbandry Service, told HARIAN UMUM AB in his office that Bogor Municipality will be declared free of rabies if by 14 May no dogs have been found to have rabies. To date 2,000 dogs have been vaccinated and 30 have been killed. Fourteen persons were bitten by dogs suffering from rabies. All these dogs were

found to be positive for rabies after laboratory examination. If there are no cases developing by 14 May, the animal husbandry service will propose that the mayor of Bogor rescind Decision 443.34/SK-57-um/83, dated 26 January 1983, and issue a new decision to the effect that Bogor Municipality is declared free of rabies, Asrul said. For an area to be declared free of rabies, it must be observed for 4 months, and Bogor has been given the ways and means to extend this time limit by 15 days. If rabies is still found to be present in the area after the additional 15-day period, the time can be extended for another 4 months. For the 1982-83 period in the West Java Province, it was recorded that Karawang had 1 rabid dog and 130 persons were bitten by dogs, Purwakarta had 1 rabid dog and 7 persons were bitten by dogs, Garut had 1 rabid dog and 100 persons had been bitten by dogs, Tasikmalaya had 3 rabid dogs and 224 persons were bitten by dogs, Cianjur had 1 rabid dog and 309 persons were bitten by dogs, and Kuningan had 1 rabid dog and 75 persons were bitten by dogs. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 31 Mar 83 p 2] 6804

UNIDENTIFIED DISEASE IN PONTIANAK--An unidentified disease with symptoms of fever, stiff joints, followed by the eruption of a rash like that which develops in the keremut disease is currently striking residents of Pontianak Municipality. This disease, which attacks persons irrespective of their age--from children to grandparents--is called Pak Raden fever by residents of Pontianak. It is so named because the victim has painful joints like those caused by rheumatism from which Pak Raden suffers. He is the old man in the TV series "Si Unyil," who becomes cranky when asked to participate in local mutual cooperation efforts. The Pak Raden fever is a disease that spreads rapidly. If one individual in a family is stricken, others become ill in a short while. From January to date it is estimated that almost half of the more than 300,000 residents of Pontianak have been stricken by Pak Raden fever. Nevertheless, thus far there have been no deaths. Dr Nur Arifin Naim, chief of the West Kalimantan Province Regional Health Office, who was contacted by MERDEKA in his office on Tuesday (29 March), could not, up to this time, identify the disease that has stricken residents of Pontianak. The disease spreads very rapidly and has spread to Mempawah (60 kilometers from Pontianak), the capital city of Pontianak Regency, and to Singkawang City (145 kilometers from Pontianak), the capital of Sambas Regency. "We have taken blood samples from patients stricken with this disease for laboratory tests to be made in Jakarta," Nur Arifin Naim explained. From the symptoms which seem to be a feverish body accompanied by painful joints, followed by the eruption of a rash which seems to be similar to the subcutaneous hemorrhages that appear in the keremut disease, it is believed that this disease is chikungunya, which historically originated in Africa and India. Chikungunya, according to Nur Arifin, is caused by the virus Aibovirosis "A" which is spread by the same vector as dengue fever, the mosquito Aedes aegypti. [Excerpts] [Jakarta MERDEKA in Indonesian 31 Mar 83 pp 1, 12] 6804

## BRIEFS

**MALARIA DEATHS**--Forty-five people died of malaria in various parts of Narok District in February. According to a report on malaria, compiled by the Narok District health education officer, Mr C.W. Kerario, an unknown number of people have also died in their manyattas. The Ministry of Health launched an anti-malaria campaign in Osupuko and Kilgoris divisions in an effort to curtail the spread of the disease. The report said that a survey was carried out by the health education officer and the public health officer, Mr Michael Ndirangu, which showed that 15 people had died of malaria at Kilgoris Mission Hospital. The report further said that three medical teams were deployed in the malaria infested divisions to isolate and treat the sick and give prophylactic drugs. Mr Kerario said that there were adequate drugs in all the health institutions in the affected areas. He said people have been asked to report for treatment as soon as malaria is suspected and to observe preventive measures. /Text/ /Nairobi DAILY NATION in English 23 Apr 83 p 4/

**CHOLERA IN BUSIA**--Two people have died of cholera and five others have been treated in Busia District Hospital and discharged since the disease broke out in Busia town early this month, the Busia Public Health Officer, Mr Samwel Nyambiosi has told a public meeting. He identified the dead as Peninah Agola of Marachi Estate who died on April 8 and Sisa Makanite of Bulanda Estate. He pointed out the victims had fallen sick after visiting a neighbouring country. Mr Nyambiosi advised wananchi during a meeting in Busia town to alert health officials on cholera outbreak and to ensure their environment was clean to curb the disease. He ordered landlords who had not provided their tenants with toilet facilities, refuse pits and proper water drainage to do so or face prosecution. All public premises must ensure thorough cleanliness, he said, and advised hotels and other food premises in the town to serve food on utensils washed with hot water. He added that food handlers must be in clean uniform and should have undergone medical examination. Mr Nyambiosi asked the fish smokers to dig pits in which to deposit the fish remains. Mr Nyambiosi advised Busia residents not to panic because health officers were doing their best. He advised the people to take to the hospital any person who complains of stomachache diarrhoea and vomiting without delay. Addressing the gathering, the Busia D.O., Dr P. Ochina, said the local administration will join the officers in inspecting the estates that had been hit by the disease. He expressed concern at the poor sanitation condition of some of the estates in the town and urged the residents and landlords to improve the conditions. /Text/ /Nairobi THE STANDARD in English 23 Apr 83 p 5/

CSO: 5400/248



## MALARIA STILL THREAT IN KELANTAN

Kuala Lumpur THE NATIONAL ECHO in English 6 Apr 83 p 3

[Text]

KOTA BHARU, Tues. — Malaria is still a threat to the population of Kelantan, particularly those living in the districts of Hulu Kelantan and Kuala Kerai, at a rate of between 700 and 1,000 cases being recorded a month, says Dr Sukarjo, the medical officer for both districts.

About one-third of the cases in Peninsular Malaysia are from Kelantan while one-third of the cases in Kelantan are found in land schemes particularly in the districts of Tanah Merah and Hulu Kelantan.

He says 11 persons died of the disease last year, representing the highest number of deaths compared with other states.

Most of the fatalities were in their teens, he adds.

The main cause of malaria is attributed to the disorganised shifting of people to new areas.

"The people are also not serious enough about the disease which many still believe is associated only with moving into new areas," he says.

Dr Sukarjo is confident that malaria cases can be reduced if the settlers will co-operate with the authorities by taking a serious view of the disease and its dangers.

The State Government is keeping a close surveillance on the disease following a directive by the anti-malaria director for Malaysia.

The directive which was issued in 1980 requires all contractors to register their workers so that blood tests may be carried out on them.

However, many of the contractors, especially those involved in the construction of the

Gua Musang-Kuala Krai Highway have not done so.

Studies carried out by the Kelantan vector control office has found that workers from another area coming in to work on the land schemes have been a source of the disease.

Apart from the workers and settlers of the land schemes, common victims of malaria are members of the armed forces and police and the Orang Asli community.

The occurrence of the disease in land schemes is a cause for concern because 43,000 of Kelantan's population are in these schemes.

Activities carried out by the control office included the identification of malaria cases so that they may be treated immediately to break the chain of contagion.

MEXICO

BRIEFS

ANTIPOLIO CAMPAIGN--The antipolio campaign has achieved 75 percent coverage in the State of Mexico which is equivalent to more than 570,000 doses administered. Dr Gustavo Baz Diaz-Lombardo, head of the Coordinated Public Health Services, announced the foregoing and indicated that in the State, the annual intensive vaccination campaigns have decreased considerably the poliomyelitis incidence index among the infant population, to the extent that in the past year there were only four cases of the dread disease registered. He pointed out that these campaigns have succeeded in the last few years in reducing the incidence of this disease, although repetition and perseverance of the campaigns are absolutely essential in avoiding the risk of again spreading, as in former years, given the infectious nature of the disease. /Excerpt/ /Mexico city EL DIA in Spanish 1 Mar 83 'Metropoli' supp. p 8/ 9678

CSO: 5400/2068



## BRIEFS

MENINGITIS CONTROL MEASURES--His Majesty's government has made provision for necessary medicine, medical personnel and equipment at infectious disease hospital [words indistinct] hospital under a special program designed to control meningitis in Katmandu valley. A spokesman of the Health Ministry said a special arrangement has been made under which anyone suspected of having contracted the disease can be admitted to the hospital. Various kinds of tests and examinations are also being conducted on those who came in contact with meningitis patients to find whether they have contracted diseases. [BK010634 Katmandu External Service in English 1450 GMT 29 Apr 83]

CSO: 5400/4720

# CEREBRO-SPINAL MENINGITIS KILLS 15 IN BORNO

Bydian NEW NIGERIAN in English 21 Mar 83 p 1

[Article by Ibrahim Biu]

[Text] Fifteen persons died of Cerebro Spinal Meningitis (CSM), in three local government areas of Borno State within the last one month.

The victims were from the Maiduguri Metropolitan, Jere and Magumeri local government areas.

Sources close to the Maiduguri General Hospital and the state's health management board told the NEW NIGERIAN that formal reports had been made to the State's Ministry of Health about the outbreak of the disease and measles as well as the death of the patients.

Only a few cases of the diseases were known to have been reported at both Maiduguri General Hospital and other health clinics within the state capital in the first one and half months.

The secretary to the state's health management board, Dr A. Bwala, said that the outbreak of the CSM, whooping cough and measles were on a minimal scale in the state this year.

Dr Bwala said that vaccination against the diseases began in December last year and was still being carried out. He said the board had acquired sufficient drugs for the vaccination and therefore, appealed to the public to register for vaccination because, according to him, the turnout for vaccination so far, had been poor.

Dr Bwala also said that the peak of the outbreak of such diseases particularly the CSM would be between April and June this year.

The State's Director of health services, Dr M. Arshad said that his office had not received any report about the outbreak of any of the three diseases.

Dr Arshad said that vaccination of the public against the diseases was now being intensified in all parts of the state.

The doctor also predicted that the outbreak of the diseases in the state would be on a very small scale this year because the four-year cycle of their spread was only in its second year.

## BRIEFS

KANO STATE VACCINATIONS--About 3.5 million people in Kano State were vaccinated against various infectious diseases in the last two years. Dr Daiyabu Mohammed, the medical officer in-charge of the Epidemiological Unit in Kano, said at a workshop on the preservation of vaccines in Kano on Monday. He said that the immunisation programme was designed to eradicate infectious diseases such as tuberculosis, whooping-cough, tetanus, measles, cholera, poliomyelitis and cerebro-spinal meningitis. Dr Daiyabu also said more than 80 percent of the vaccination campaigns were carried by mobile teams dispatched to remote villages of the state, adding that there were now plans for integrated mobile vaccination team comprising vaccinators, health educators, nutritionists and community health officers. Also speaking on the occasion the state commissioner for Health, Hajia Amina Isiaku Kiru, observed that in spite of the expanded programme on immunisation there had been no appreciable decline in the incidence of measles and called for a critical look at the problem with the view to making suggestion or alteration where necessary. [By Abdulhamid Babatunde] [Text] [Kaduna NEW NIGERIAN in English 25 Mar 83 p 9]

CSO: 5400/238

## INADEQUACY OF POLICY, RESOURCES ON NATIONAL HEALTH DISCUSSED

Karachi DAWN in English 12 Apr 83 p 11

[Article by Mushtaq Ahmed: "National Health--A National Responsibility"]

[Text]

**WITH** a per capita income of Rs. 3600 the teeming millions of Pakistan, living on the brink of subsistence, do not have the financial capacity to pay for the treatment of diseases to which they are perennially exposed. The general practitioner in their locality is their first resort, the specialist in the public hospital their next and probably the last refuge. Only in the public hospitals is sophisticated technology available for scientific diagnosis and cure.

How limited are these resources and how limitless the requirements, a casual visit to an out door patients department or a general ward would at once reveal. The spectacle of overcrowding of patients in one hospital and a patient struggling to catch the doctor's eye in another hospital and a look at the long waiting list for a bed in a third will quickly dispel any illusions one might have of prompt attention and permanent relief. The hospitals are simply incapable of coping with the pressing demand for medical advice, clinical tests, X-rays, surgical operations and hospitalisation. Convalescence and after treatment care is not their responsibility. Too few doctors, too few beds and too many patients is

an apt description of the conditions one can see. The patients go there because they have nowhere else to go.

For a population of 80 millions we have 25,000 doctors, 600 hospitals and 50,000 beds. To the Ministry of Health and Statistical Division these figures represent striking progress over the base year 1947 with which comparison is invariably made, but for the people in whose lives progress ought to be reflected, it conveys no message of hope. One doctor for 3500 persons, one bed for 1500 patients and one hospital for a population of 1,500,000 cannot provide even a modicum of health service to the community. Even this service inadequate as it is, is not evenly distributed between the urban and the rural areas, and among the different segments of society. Much depends on the location of the hospitals and the practitioners, whether they are specialists or generalists.

### Shocking phenomenon

Statistical conclusions can be deceptive and averages unreliable. The distribution of incomes often conditions the availability of medical care to a class or locality. Inequality in the latter is a natural consequence of disparity in the former. Doctors have an irresistible tendency to gravitate to the urban area, although the galloping pace of diseases in the rural areas demands their presence in the countryside. Therefore, when we

talk of surpluses and lack of job opportunities, specially for the young doctors it is always in terms of effective demand and not of real need.

Paradoxically, Pakistan is rich in medical talent and yet desperately short of it. In every discipline of this highly specialised profession, we have men and women of very high qualifications and great experience. Quite a few have migrated from Pakistan to foreign land including the United States, where four thousand Pakistani physicians and surgeons are believed to be practising. It is a shocking phenomenon that a country rampant in diseases can deny itself their services, while a nation where their incidence is perhaps the lowest, welcomes them with open arms. The reasoning is simple. It is a function of supply and demand. The operation of this law is behind the policy of the United States.

The avowed object is to increase the supply both locally and through immigration in order to meet the growing demand. We, on the other hand, spend millions on medical education, only to allow our doctors to seek their fortunes abroad and let their unfortunate countrymen live and die in pain at home.

Both the hospitals and the doctors working for them, form part of the public sector, financed out of the public exchequer. They are in a sense subsidised by the public since five-sixths of the state revenues are drawn from indirect taxes. The vast majority of the poor

who go to these hospitals for treatment, have a legitimate claim on their services and a natural concern for improvement in their performance. The patients in public hospitals are not seeking charity: they are self-respecting Pakistanis, whose self-respect ought to be preserved at all costs by the staff. Even the Planning Chief in his public utterances, tends to forget that an apparently subsidised health sector, is in effect, more self-supporting than industry and agriculture sustained by subsidies.

## The allocation

The Planning Commission itself is largely to blame for the neglect of the social sector, particularly the health sector. The health sector, in fact, has been the lowest recipient of the allocations made in the successive Plans: one fifth of 6% of the GNP is very low priority in a very high priority sector. An expenditure of Rs. 1250 million on the maintenance of national health is less than the amount spent on the consumption of tobacco and beverages. What is more distressing is, that even this meagre allocation is not fully utilised. Health like education is a neglected department suffering from bureaucratic apathy and indifference.

The private sector has the capacity to supplement the public sector facilities. But after all the fabulous incomes the doctors have made from their practice they would be most reluctant to make these facilities available to people of limited means. Contrary to the claims of their promoters and official pronouncements made on their inaugurations by high functionaries of the government, private hospitals are not vehicles of social service. About one hundred of them operate in the country on the basis of private profit. Some of them inaugurated by former Heads of State with great expectations of helping the poor and the sick, have now become big business propositions — their daily room charges ranging between Rs. 500 to Rs. 5000. It was therefore all the more surprising for Dr. Mahbubul

Haq to promise a package of incentives, including financial assistance and fiscal concessions, treating the hospital industry on par with the hotel industry or for that matter, any other industry that needs state subsidy and support. If social security incomes are taxable in the United States, it is not understandable why the profits made by the proprietors from their hospitals should enjoy a tax immunity. A tax holiday to new hospitals outside a sixteen-mile radius of a city, would be tantamount to giving a direct incentive to profiteering, and a further concentration of health services in the urban areas to the detriment of the medically starved rural population. Their services

would be inaccessible even to the urban under privileged, whose fat bills only the patients with fat purses can foot. The private hospital do have a role to play in the provision of health facilities only to the extent of relieving the pressure of the affluent sections on the resources of public hospitals. Even if their charges are regulated by state action — a legislation almost impossible — to enforce, the private sector cannot serve the interest of the masses for whose ailments the public sector alone is an effective remedy.

Reorganisation and expansion of the public hospitals must consequently be the first priority of a national health policy. A realistic policy must aim at providing a minimum health cover to the entire population throughout the length and breadth of the country, in all its sixtyfive districts and 45,000 villages lying in their jurisdiction. A programme for setting up a chain of hospitals will warrant an enormous outlay, for which additional sources will have to be found outside the budgetary allocations of the federal and provincial governments.

If private philanthropy had even partially filled the yawning gap between resources and requirements, the health picture would probably have not been so depressing. Not long ago, the President of Pakistan while performing the inaugural ceremony of the Islamic Institute of Psychiatry lamented the absence

of the spirit of service in the affluent class, and observed that all it had done in the field of health and social welfare, was not worth a state achieved in the name of Islam.

The public hospitals are among the ideal avenues for the utilisation of the Zakat Fund, which, with the collection of Ushr this year, is likely to increase to Rs. 4,000 million. Investment of half the annual collection in the health service, can yield better dividends to the community than any other benevolent purpose one can think of, besides the rehabilitation of the destitute widows and uncared-for orphans.

## Private practice

Even more hospitals, equipped with the most sophisticated electromedical instruments and devices, cannot arrest the decline in the standards of service unless the staff manning them is inspired by a sense of dedication and devotion to the cause of the ailing humanity. The best doctors are still found in the public hospitals but the best service by them is still rendered in their clinics. Their lucrative source of income is in the consulting rooms, to which the hospitals are a convenient gateway. Working in the private and public sector at the same time their private interests tend to have the better of their public duties, placing the government in a dilemma from which there is no easy escape.

The medical profession is not immune from the contagion of avarice that has infected the whole society. For its services sold in the seller's market, you have to pay a heavy price regardless of your status and income. It is not merely doubtful but inconceivable, that even a substantial raise in their incomes from public service will dissuade them from private practice. The existence of a powerful medical lobby should not deter the government from discussing the option between public service and private practice in a debate the Planning Commission proposes to hold on the formulation of an adequate health policy under the Sixth Five-Year Plan.

## GASTROENTERITIS EPIDEMIC HITS 'CULTIST' CAMP

Karachi DAWN in English 15 Apr 83 p 5

[Text]

ISLAMABAD, April 14 The drug market in the country is growing at an annual rate of about 25 per cent whereas the total domestic demand for drugs and medicines increased to the tune of Rs. 3.0 billion during 1982-83.

At present, there are about 6500 registered medical products out of which 4500 are manufactured locally while 200 are imported. Local production comprises mainly of processing and packaging activities only. The total number of licensing manufacturing units in the country is about 206 which are registered under the Drug Act, 1976. However, ten firms all belonging to multinational companies, control about 65 per cent of the market. Vaccines and sera are produced in the public sector.

The Planning Commission working group of health in its report has made a number of disclosures about the current health situation in the country which is characterised by high birth rate, high infant mortality, high child mortality, high maternal mortality and high morbidity due to communicable diseases. Infectious diseases have in the past and do at present dominate the morbidity and mortality scene. Among infectious diarrhoea is common cause of morbidity and mortality.

According to the facts revealed in the report there is at present one doctor for 4600 persons, one dentist for 83,636 persons, one nurse for 64 hospital beds, one paramedic for 2,422 persons, one primary health care facility for 12,943 persons and one hospital bed for 1790 persons. Primary health care facilities other than hospitals, are offered by 1,715 basic health units,

374 rural health centres, 867 maternity and child health centres, 3,994 dispensaries and 632 sub-centres.

The report stated that only one medical college was established at Abbottabad during the year 1978-83. However, from the year 1982 onwards the existing medical colleges produced about four thousand doctors per year with the completion of the extended seven years medical education cycle. The production of four thousand doctors led to lack of job opportunities in the Government service during the later part of the plan period, which emerged with an apparent surplus of doctors and national concern for their employment.

The report expressed its deep concern over the utilization of facilities at hospital and pointed out that outpatient buildings, costly diagnostic equipment and many ancillary facilities are used for five to six hours in a day when there is a general scarcity of referral services in the country.

It is estimated that only 5,928 nurses are presently available within the country. Of course about 1,950 are working either in Defence services or in the private sector. Thus there is a shortage of 1,815 nurses. A fair number of nurses produced is lost either by immigration or through marriage.

Malnutrition amongst infants and young children is still a major health problem with over seven per cent suffering from severe and about ten per cent suffering from moderately severe malnutrition respectively. Of every ten Pakistani children born, one dies before

reaching first birthday and over 20 in every 100 die before reaching their fifth birthday. Some 80 per cent of children under five suffer from diarrhoea and respiratory infections. Acute dehydration caused by diarrhoea kills 30 per cent malnourished as against two per cent of well nourished babies.

According to one estimate two teeth per child between the ages five to 15 years get affected with caries. The prevalence of caries is increasing rapidly due to changes in life style and eating habits. The increase reported in some of the developing countries has been of the order of five to ten times in as many years.

There is a large number of unqualified dental practitioners in the country whose number is estimated to be seven thousand — PPI

CSO: 5400/5719

# PUNJAB TO SET UP BASIC HEALTH UNITS

Karachi BUSINESS RECORDER in English 8 Apr 83 p 6

[Text]

LAHORE, April 7: The government will take every step to make available full health facilities to the whole population in the Punjab and will set up basic health units in all union councils in the next five-year plan.

Brig. Manzoor Malik, Secretary Health, said in his presidential speech at a World Health Day function held at the College of Community Medicines here today. He said the resources for health sector be doubling and health facilities would be taken to the doorsteps of the rural people. Bed capacity in the rural health centres would be increased so that rural population did not experience the inconvenience of travelling to far off places for indoor treatment.

Eight specialists of various disciplines, Brig. Manzoor Malik said, would be posted at each district headquarter hospital, while three at every tehsil hospital or the rural health centre with it, specialized facilities of health will

be available to the rural population near their homes. He said out of 2,244 union councils, basic health units exist in 1,763. The remaining unions would have one basic health unit each in the plan period, he added.

He said that professors and staff of the teaching hospitals had been asked to visit—district and tehsil headquarters hospitals, in their jurisdiction and extend their specialized consultancy and treatment to patients there in addition to training the junior doctors at the spot.

The Health Secretary further said that at present rural health centres did not have X-ray plants and laboratories. They would be equipped with X-rays and laboratories in the next couple of years. Similarly, stress till now has been on the curative side. It would now be on the preventive side. He called upon doctors and para-medical staff to go to villages to serve the population in rural areas where health facilities were far less, as compared to cities.—APP.

100: 5.00/4718



## HEALTH CARE PROJECTIONS FOR 5-YEAR PLAN DISCUSSED

Karachi DAWN in English 16 Apr 83 p 7

[Text]

THE Planning Commission Group on Health has come up with a number of proposals for this sector for the duration of the Sixth Five-Year Plan. Central to the programme, which is to entail an expenditure of Rs. 15,750 million, is the setting up of an integrated system of health care, that is to say a health care apparatus which provides 'a systematic link between the village community and the superstructure of the modern health system'. It might be a valid comment — though a somewhat despairing one — to point out here that exactly these same words were used when the 'new health package' was announced in October last year, as well as in the Fifth Five-Year Plan which was published in 1978. Are the planners at a loss for words, or is the same choice of words a realistic appraisal of the progress made in the last several years? In any case, for the Sixth Plan this objective is to be translated into reality through such changes as the addition of 2665 basic health units, 625 rural health centres, provision of 4000 teaching beds in the existing medical colleges, and the stimulation of the private sector so that 20,000 hospital beds are developed during the Plan period. Successful implementation of all this, and the other programmes, will mean that at the end of the Plan period there will be one doctor for 2503

persons (4600 currently), one nurse for three beds (6.4 now), and one paramedic for 1316 persons (2422 at present). Some of the other objectives are to reduce the crude death rate, increase life expectancy, reduce the incidence of communicable diseases to a negligible level and protect all newborns and children against six diseases on a regular basis.

The basic requirement for achieving all this — and which will dictate whether an integrated system of health care is possible at all — is the allocation of sufficient finances, for without this there cannot even be any talk about what is possible. Unfortunately in this matter all governments have been very parsimonious, the result being that the country shows one of the lowest per capita expenditures on health anywhere. At the moment the expenditure comes to 0.6 per cent of GNP according to the Health Minister, when he himself has admitted that other low-income developing countries spend on an average three per cent of GNP on health. The sad part is that for the next plan also the allocation that has been envisaged is not all that much greater than previously. The total development and non-development allocation of over Rs. 11.5 billion for the Fifth Plan was not forthcoming and, in fact, the Planning Commission Group on Health has

claimed that the health sector received only half of what was originally intended during the Plan period. This means that targets set for the Fifth Plan have not been met and it will be during the next Plan that many of these will be met. An effort should, therefore, be made to make up for the shortfalls, and extra effort should be made during the next Plan so that some of the 'losses' of the current one are retrieved.

Major stress should, of course, be placed on providing health facilities in the rural areas and the present concept of setting up various categories of health units, each category equipped with different degrees of sophisticated equipment, should provide an answer if properly implemented. This last is the key factor since the bureaucracy is all too often guilty of simply playing the numbers game, blatantly ignoring the qualitative side of things. A senior official of the Planning Commission while outlining the proposals for the Sixth Plan deplored the fact that of the present 4000 or so basic health units 50 per cent were without potable water while most lacked electricity. It is obvious that if this is the sort of health facility that is put up then the gains from it will be reduced, to put it mildly. Supportive infrastructure should be developed at the same time so that the usefulness of health units is not impaired. Another grave shortcoming in the rural areas is the lack of trained personnel, caused partly by the

Government's inability to employ them and partly by their refusal to serve in rural areas. This aspect is also being tackled and the Government was supposed to have created 1500 additional posts of doctors in the current year. If this initial enthusiasm is maintained even partly then there should be considerable change, that is, if they are not all retained in urban areas. An attempt is also being made to remove some of the genuine complaints which doctors have about rural areas, such as that of accommodation, during the next Plan which should improve the situation. One area that should receive special attention is the private health sector. This has expanded a great deal in recent years, but this has been mostly in the urban areas, and even here it has priced itself out of the range of the low income groups. The Sixth Plan is banking to a very large extent on the expansion of the private sector, but it is not known how it will be induced to operate in rural areas, or provide low-cost health care in urban areas. It must be stated emphatically that if its operation is as at present then it will mean a perpetuation of the present system of catering to the middle or upper income groups, with vast numbers of the poor dependent on inferior and inadequate health facilities. If the ambitions being expressed now are really to be achieved then there must be clear-cut proposals on how the private sector will be made to go to the rural areas.

## ANOTHER CATEGORY FOR PRACTITIONERS URGED

Karachi DAWN in English 16 Apr 83 p 14

[Text]

RAWALPINDI, April 15. Dr Hafiz Nizamuddin Nizami, President, International Task Force of Medical Practitioners Association, has urged upon the Government to establish another lower category of doctors to register the non-registered allopathic practitioners in the country.

Dr Hafiz Nizamuddin was presenting a formula to solve the 35-year-old issue of non-registered practitioners, while addressing a Press conference here yesterday afternoon.

He said a delegation headed by him called on the Minister of State for Health and Social Welfare and presented her the formula.

Elaborating his formula, Dr Nizami said the new category should be a lower one so as to maintain the status of the qualified doctors.

He said a screening board should immediately be set up, as provided under the Allopathic Rules 1968. After thorough screening such medical practitioners who have certificates or diplomas of any private medical institution and who have at least five years of experience and have their own clinics should be registered without any discrimination.

Dr Nizamuddin said this would on the one hand ensure registration of experienced practitioners while on the other hand it would provide protection to a large number of unregistered practitioners who are being harassed by the Drug Inspectors and District Health authorities.

He said the non-registered doctors are serving in the remote and rural areas of the country and providing basic medical treatment to the poor people in these areas. He claimed that the qualified doctors were hesitant to serve in such backward areas and 346 vacancies for qualified doctors are lying vacant in the rural areas of Punjab alone.

Dr Nizamuddin said the issue of non-registered medical practitioners can only be solved by this formula.

He blamed several other rival associations for achieving nefarious objectives from the present situation by befooling the innocent practitioners and extracting money from them.

He complained that many a time lists of unregistered medical practitioners were demanded by the Government for registration but no concrete step has yet been taken. He said this procedure is not foolproof as many quacks will get themselves registered through this way.

Dr Nizami said at present there are only 15,000 MBBS doctors available in the country, which has a population of eight crores. He said since independence, the poor class of non-registered allopathic practitioners was serving the villagers and thus fulfilling the gap created by the nonavailability of qualified doctors.

He said it was high time to register them and provide them an honourable mean to earn their livelihood — PPI

## BRIEFS

BAN ON DRUGS LIFELY--Islamabad, April 5--A high powered committee headed by the Federal Health Minister, Dr Nasiruddin Qureshi will meet here by the end of this month to determine the fate of three controversial medicines reportedly having injurious side-effects, DAWN reliably learnt here on Monday. The Ministry had recently instituted a group of medical experts to get their advice before taking any administrative action against the three drugs--Septran, Nuvagin and Intervitorm. Various kinds of medical literature plus necessary information concerning these products from within the country as well from abroad will also be sent to the medical group which after going through it will give its recommendations to the committee. A senior officer of the Ministry concerned when contacted described the issue as not alarming. These products, he said, did not contain any injurious components except two--Dipyron and Clloquinol, which he said were extensively used for the preparation of a large number of drugs. Replying to question he said the World Health Organisation (WHO), had informed about the ban on these medical products in some developed countries because of their side-effects. It may be recalled that three drugs include an anti-diarrhoeal, one anti-biotic and one analgesic. [Text] [Karachi DAWN in English 6 Apr 83 p 14]

REHABILITATION OF DISABLED--QUETTA, April 15--835.25 million rupees programme is being prepared by the Federal Government for country wide rehabilitation of disabled persons. This was stated by the Adviser to the President for Health and Social Welfare Prof Basharat Jazbi on his arrival here on Friday, to participate in the second National Conference on Otorhinolarynlogy (ENT) beginning here on Saturday. [Karachi DAWN in English 16 Apr 83 p 14]

CSH: 5400/5719

MURINE TYPHUS FEVER OUTBREAK INVESTIGATED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 1983 pp 99-102

[Article by the Suburban Anti-epidemic Station of Zhengzhou City, Henan Province: "Investigations of an Outbreak of Murine Typhus Fever"]

[Summary] From September to December, 1980, an outbreak of murine typhus fever took place in Huangheqiao Brigade which is located in a suburb of Zhengzhou City. The morbidity rate was 6.2 percent (118/1,892). It was thought that the outbreak was the result of an increase of density of rodents following a rich harvest in summer and autumn with full storage of grains in public and private sectors. From 15 September to 21 December (98 days), the epidemic mainly took the form of sporadic cases. The peak was in November with the major proportion (56.8 percent) of total incidences. Multi-infected households (more than two cases per family) accounted for 28.2 percent of the total number of infected households. The most concentrated one was a family with six cases. The sex ratio, male/female, was 1:1.07. All age groups were infected, with the exception of the group consisting of those 45-49 years of age. Teenagers and young adults were those most affected. The morbidity of the core-dwelling people was 36.6 percent, while that of persons living in tile-roofed houses or cottages was 13.1 percent. The main symptoms and signs were fever, headache, skin rashes, exanthemata. Fever lasted for 3-8 days on the average, with a maximum of 20 days. Exanthemata accounted for 22.0 percent of the total cases.

9717

USO. 54957/4137

Manila BULLETIN TODAY in English 9 Apr 83 p 36

[Text]

**HASAAN, Misamis Oriental, April 8 —** More than 40 persons, mostly children, have died since an epidemic of gastro-enteritis and other diseases hit a cultist camp in San Antonio, this town, last month.

The victims were among 6,000 members of the Philippine Benevolent Missionaries Association who have set up camp on a pilgrimage on a four-hectare lot.

Only 33 of the fatalities have so far been reported to the local civil registrar, Hasaan Mayor Jose Salcedo said. Twenty-six were children below 13 years who died of dehydration caused by loose bowel movement and vomiting.

Municipal health officers have found the pilgrims' encampment

"very unsanitary."

Capt. Arturo Invento, commanding officer of the 421st Constabulary company, said the camp's only source of drinking water is an open pit.

The cultists' thatched huts were poorly ventilated while waste disposal facilities were inadequate, he said.

The bedridden victims have refused medical treatment, believing that only Tomas Eugenio who, they said, is a reincarnated Jesus Christ, can cure them and make the dead rise from the grave, it was learned.

The cultists started to gather in the camp last March 30 to celebrate their anniversary. They came from all over Mindanao and Bohol. (Casiano Navarro)

CSO: 5400/4409

# MEASLES OUTBREAK, DEATHS REPORTED

Manila PHILIPPINES DAILY EXPRESS in English 12 Apr 83 p 28

[Text]

Six persons have died and 47 others were reported seriously ill in a measles outbreak in barangay Bedbed, Mankayan, Benguet.

Deaths were attributed to the development of secondary infections such as bronchopneumonia, mostly among children.

Dr. Manuela Unite, regional health director, wired Health Minister Jesus Azum yesterday that cases of measles have also been reported in barangays Sapid and Paco in Mankayan.

The seriously ill patients were brought to Lepanto Hospital and Atok District Hospital, Unite said.

A task force composed of rural health unit (RHU) personnel of Mankayan has gone to Bedbed to bring medicine from the provincial health office. It is

also undertaking disease surveillance and control measures.

Health authorities urged parents to have their children, particularly those between nine and 14 months, immunized against measles.

Meanwhile, the disease intelligence center (DIC) of the MOH reported that the incidence of measles in Metro Manila has decreased, judging from admissions at the San Lazaro hospital.

The number of measles cases dropped from 232 cases to 156 last week, much lower than the five-year median of 209.

The DIC reported that 146 of the cases were from Metro Manila while the rest were from neighboring towns and cities.

MEASLES, OTHER DISEASE REPORTED IN DAVAO DEL NORTE

Manila BULLETIN TODAY in English 19 Apr 83 p 32

[Article by Ped Velasco]

[Text]

TAGUM, Davao del Norte, April 18—An outbreak of measles and broncho-pneumonia has claimed the lives of 14 children in far-flung San Mariano town here since February.

Provincial health authorities here identified the victims of measles as Remedios Alperex, 3; Rojun Alipao, 3; Eleonor Tungguyan, 3; Leo Bacason, 2; Felix B. Macusa, 6 months; and Edwin Banal, 3.

Those who died of broncho-pneumonia were Benjamin Ayala, 7; Hilarose Montebon, 2; Armando Montebon, 4; Alvin Amigo, 10 days; Tomas Mandolin, 1; Mariou Moring, 3; Lino Costaiba, 3; and Lolita Actang, 12.

Dr. Vicente Jalandoni, provincial health officer here, said the spread of the air-borne diseases was attributed to weather exposure of the victims and congestion inside their dwellings.

Superstitious belief among the parents of

the victims had also compounded the problem, Jalandoni said. Some parents refuse to see doctors to have their children treated, he said.

He said government health personnel led by Dr. Rogelio Ilog are already conducting epidemiological studies in the areas where the diseases broke out.

Meanwhile, rampant cases of malaria in the depressed barangays of Datu Ampunan and Sagud, San Vicente town, were reported by the local chapter of the Philippine National Red Cross led by Administrator Hipolito de Guzman.

In barangay Ampunan, 124 out of 286 patients were suffering from malaria. In barangay Sagud, 99 out of 164 patients were suffering from malaria.

These were the findings of the civic action team conducted jointly by the Red Cross and the provincial health office, Ped Velasco



## BRIEFS

MEASLES DEATHS--Another ten Port Elizabeth children have died of measles this month, bringing the death toll this year to 110. The number of measles cases notified on Friday, Monday and Tuesday is 53 and is expected to be even higher by the end of this week. Last week 55 cases were reported. This was confirmed by Port Elizabeth's medical officer of health, Dr J N Sher. So far the death toll is almost double that recorded for the whole of last year, when 54 children died from measles.--Sapa. [Text] [Johannesburg SOWETAN in English 15 Apr 83 p 3]

MEASLES DEATHS IN PORT ELIZABETH--Port Elizabeth--Two children died of measles or its complications at the weekend, bringing the Port Elizabeth death toll since December 25 to 141. A spokesman for the Empilweni Hospital said yesterday the victims were a year-old boy from Veeplaas, who was admitted last Wednesday, and a 10-month-old boy from Soweto (PE), who was admitted on Friday. Nineteen more measles cases have been notified since Friday, according to Dr J.L. Rawlinson, of the Department of State Health in Pretoria, who is in Port Elizabeth investigating the epidemic. A total of 1 203 cases have been reported since January 2. Of the latest 19 notifications, two are Coloureds from Missionvale and Aloes while the rest are Blacks, mainly from Soweto, Zwide and Site and Service. Last week the first White case this year, a two and a half year-old Kensington girl, was notified. Dr Rawlinson expressed the hope that the number of notifications would start decreasing soon following the health department's immunisation campaign. He said there had been a decline in attendances at mobile units and clinics. It could be due to people becoming complacent again, but was more likely the result of most of the population having been immunised by now.--Sapa [Text] [Johannesburg THE CITIZEN in English 3 May 83 p 9]

CSO: 5400/249

## SEAFOOD PRESERVATIVES CHARGED CARCINOGENIC

Madrid EL PAIS in Spanish 10 Apr 83 pp 1, 27

/Article by Jose Antonio Frias/

Text The undersecretary of the Ministry of the Interior, Carlos Sanjuan, announced yesterday in Malaga that some carcinogenic products, and specifically formaldehyde, are being used to preserve sardines and anchovies which are sold throughout the country as "chanquetes."

Sanjuan attended a meeting of governors of the eight Andalusian provinces in which he undertook a broad survey on the mix of Andalusian fishing problems, and asserted that the government is about to put an end to the systemic noncompliance with the rules governing the fishing industry and which have placed the region's net fishing operations on the verge of extinction.

The use of preservatives for the treatment of shellfish has also been, lately, a polemical subject when asking the Andalusian entrepreneurs for a moratorium on the enforcement of the prohibition regarding the use of boric acid.

The undersecretary of the Ministry of the Interior, Carlos Sanjuan denounced yesterday in Malaga the use of carcinogenic products, among them formaldehyde, for the preservation of sardines and anchovies, which are sold as "chanquetes" throughout Spain. Sanjuan emphasized the decision of the government to put an end to the systematic noncompliance with the fishing laws which has put in jeopardy the existence of the Andalusian net fishermen.

Carlos Sanjuan yesterday gave lengthy and detailed statement on problems related to fishing in Andalusian coastal waters, in the meeting with the civil governors of the eight provinces, the government delegate in Andalucia and various general directors of the Interior Ministry, as well as the general director of the National Employment Institute, Pedro Montero, who spoke on community employment.

The undersecretary's analysis starts from the base that vigilance in compliance with the law must affect not only fishing but also the sale of fish, so that a coordination agreement will be reached with the Andalusian junta, to which jurisdiction in this area has already been transferred. "If there is no coordination between both administrations, not only will the problem not be solved, but more difficulties will arise and the Andalusian net fishermen will disappear."

## BRIEFS

CHOLERA DEATHS--Three people have died of cholera at Lubila Village in Ludewa District Hospital, 21 other patients had been admitted at Ludila Dispensary for treatment after they were found to have symptoms of cholera. A group of four medical experts from Iringa had been dispatched to Ludewa in efforts to combat the disease, the report said, adding that the team was led by Iringa Regional Medical Officer, Dr Michael Mwakajila. /Text/  
/Dar es Salaam DAILY NEWS in English 20 Apr 83 p 3/

DAR ES SALAAM RABIES RECURRENCE--Meanwhile, Dr Mpelunbe said the Ministry would help the Dar es Salaam City Council in fighting rabies, following re-surfacing of the disease in the city. He said the disease has re-surfaced and there were cases of people bitten by rabid dogs in Oysterbay, Drive-in Cinema and Kimara. /Excerpt/ /Dar es Salaam DAILY NEWS in English 20 Apr 83 p 3/

CSO: 5400/2444

BRIEFS

MOSQUITO PLAGUE--Residents of Maraval are calling on the Insect Vector Control Division to do something about the mosquitoes which have been plaguing them for the past weeks. It was reported that the people around the area of the Hi-Lo Supermarket were the most affected. They have been using repellants with little effect. The mosquitoes were described as "like ants" and it is believed that the situation could be caused by the drains in the area. A woman resident said that they have called the Ministry of Health but was told that nothing could be done about it. They have also tried to contact the Insector Vector people but they could find no number to call them, nor could they go directly since they have no idea where these people are located. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 8 Apr 83 p 6]

CSO: 5400/7566

## BRIEFS

**MALARIA OUTBREAK UNDER CONTROL**--An outbreak of malaria reported in most parts of the Copperbelt Province is now under control, provincial medical officer Dr Vinavak Gannu disclosed in Ndola yesterday. Dr Gannu said the number of malaria cases being handled by hospitals now had greatly reduced during the past few weeks. He said health officers in all districts in the province were now involved in both curative and preventive programmes to ensure that the disease was completely wiped out. Dr Gannu said there was nothing sinister about the outbreak of the disease in the province because malaria was a seasonal disease which in most cases spread easily. Dr Gannu said at the moment preventive and curative programmes were going on in most parts of the Province and sufficient drugs were in stock to enable health officers carry out their work. He explained that malaria was a common disease in most tropical countries and there was no need for people to panic as a result of the outbreak in the Province as the disease could be easily cured if reported in time. Medical authorities on the Copperbelt ordered more malaria drugs last month to cope up with an outbreak of the disease which caused the death of one female student and led to the admission of 20 students at Chiwala Secondary School. Dr Gannu at the time expressed concern with the high rate of malaria admissions in hospitals but said that preventive programmes could not be carried out due to lack of drugs. [Text] [Lusaka DAILY MAIL in English 15 Apr 83 p 5]

CSO: 5400/239

## RINDERPEST SPREADING TO WILD ANIMALS

Ndjamena INFO CHAD in French 1 Apr 83 pp 3, 4

[Excerpts] Rinderpest, which had seemed to be tapering off, is now taking on a new dimension with the disclosure that wild animals, particularly buffaloes and hartebeests, have been contaminated. Some days ago, a telegram from the authorities of Am-tinam had announced that some 1,300 carcasses of wild animals of these species were discovered in the animal preserve of Zoundouma.

The minister of animal husbandry and pastureland, Adoum Moussa, who recently returned from an official tour in Salamat, where he had gone to get a clear idea of the measures being taken in the region to protect the cattle from rinderpest, virtually confirmed this fact, although he states that he is not in a position to give specific details on the subject.

Nevertheless, Adoum Moussa said that the wild animals, particularly the buffaloes and the hartebeests, which have the same physical constitutions as beef cattle, are the origin of rinderpest. The disease now afflicting the cattle in Chad originated in a wild animal preserve in Ethiopia. The virus was then carried by cattle across the Sudan and reached Chad. This new situation is all the more disturbing to the authorities, since Chad has no means at its disposal to vaccinate the wild animals. Such an operation would require the use of sophisticated and expensive materials. However, the Ministries of Animal Husbandry and Tourism are at work on the problem and petitions have been addressed without results to international organizations. In the meantime, sanitary measures have been taken to avoid mounting between buffaloes and grazing stock.

As regards to the situation affecting the cattle of Chad, the minister of animal husbandry stated that it has become stabilized in geographical Ouaddai, Sarta, and Chari-Baguirmi and progressively in Kanem. However, the state of urgency has not been lessened to any great extent, since the disease has shifted to the south with the movements of the herds, which go from one place to another. The great massings of cattle in Chari-Baguirmi, Tandjili and Mayo-Kebbi pose enormous problems, since they may well lead to the development of a new foci of the pestilence. But the animal husbandry technicians are not giving up.

Vaccination campaigns are in the process of being organized in the south and it is possible that the disease will be checked, if vaccines are available in sufficient quantities.

# IMPROVED BRUCELLOSIS CONDITION ENDANGERED BY CATTLE IMPORTS

Nicosia 0 FILELEVTHEROS in Greek 13 Apr 83 p 4

/Excerpts/ The number of cattle found infected with brucellosis in 1982 was much lower compared to previous years. Moreover, the small number of stock raisers who had been charged with violation of the decree on reduction of brucellosis shows that our stock raisers are working completely with the anti-brucellosis drive officials, something that has resulted in the decrease of infection and generally in maintaining control over the disease.

In a report for 1982, the competent services stress the alarming case of the illegal import of cattle from Turkish-held areas, something that not only will bring back brucellosis but will cause a number of other animal and human diseases.

Nevertheless, as mentioned above, it is fortunate that the disease is completely under control and the infection and fallen to such low levels.

The 1982 anti-brucellosis drive appears as follows:

The cooperation of the stock raisers is indispensable for the success of the program, and the best way to ensure this cooperation is the informing of the stock raisers with whatever relates to brucellosis and the way to combat it. For that reason visits to towns and mass meetings of stock raisers were continued in 1982 for the purpose of informing them. During 1982, a total of 686 visits were made to towns and 14,143 stock raisers attended meetings.

In 1982, spraying of infected grounds were continued because, as shown by data of previous years, spraying is perhaps the most important factor for preventing the spread of brucellosis and many other diseases. In 1982, 1,993 sprayings were carried out in 1982.

Also in 1982, it was determined that only a small number of goats and sheep with the allergic skin reaction of the brucellosis were sufficient to reveal possible new areas of infection. In 1982, 1,165 sheep and 90,877 goats in 346 towns were examined with this method.

Intensive control of the disease was carried out in the form of a campaign in 1982.

A stabilization has been noted in infection among cows but which is at very low levels to cause any anxiety.

The infected animals found belonged to 11 herds in eight towns.

In 1982, 37 infected animals were confiscated and an amount of 3,527 pounds 400 mills were paid to their owners as compensation.

Several of the infected goats and sheep found in 1982 were not confiscated but the owners were permitted to slaughter them in the presence of the anti-brucellosis officials.

5671

(SO): 1. 1/2538



GREECE

BRIEFS

RABIES EPIDEMIC DENIED--The "information" published in a segment of the press regarding the reported appearance of a rabies epidemic in the entire country is inexact. The ministry is denying that there have been rabies cases among animals and that there is a danger of the disease spreading to humans. It is also stressing the fact that the rumors spread following just one case of rabies in a dog in the Evros Nome two months ago. As soon as the rabies was diagnosed and confirmed the dog was killed, as is normally the case with animals suspected of being affected by the disease. [Text] [Athens TA NEA in Greek 20 Apr 83 p 5]

CSO: 5400/2540

## BRIEFS

ANTHRAX KILLS COWS--Two dairy cows died of a killer disease at a National Youth Service (NYS) farm in Nyandarua District last week. The two cows at the Tumaini farm were said to have been suffering from anthrax, a deadly disease characterised by a carbuncle (malignant boil) which is common in cattle but is also communicable to human beings. On Saturday, NYS personnel trucked the two carcasses to an OI Kalou veterinary surgeon, Dr Lufuata. When a NATION team covering the Safari Rally reached OI Kalou on Monday morning, Dr Lufuata and his assistants were trying to establish the cause of the animals' death. Dr Lufuata said this was the first time in three years that he had come across cases of suspected anthrax in the area. He said all animals at the Tumaini farm and, possibly in surrounding farms should be vaccinated against the disease while investigations on the two carcasses were being carried out. Dr Lufuata said there was enough supply of Branthlax, the vaccine used for the control of anthrax. [Text] [Nairobi DAILY NATION in English 6 Apr 83 p 3]

## BRIEFS

AFRICAN SWINE FEVER DISEASE IN SWINE--Chetumal, Q.R., 17 Mar--Some 3,500 swine in the ejido Sergio Sutron Casas were slaughtered because they were suffering from African swine fever disease which affects the viscera of the swine herd according to information from the municipal delegate, Manuel Perez Palacios, and the head of the administration of the local SARH Secretariat of Agriculture and Water Resources, Feliciano Garcia Carrillo. They maintained that the disease, brought to the municipality by breeding stock sent from various coastal states and Jalisco, affects small and suckling pigs which will be slaughtered first because they readily transmit the disease. They pointed out that if the disease is not attacked immediately, it contaminates the fat and the meat of the animal, and noted that the epidemic was discovered about 6 months ago in this area which caused a ban on swine shipments. (Article by Raymundo M. Gomez/ /Text/ /Mexico city EXCELSIOR in Spanish 6 Mar 83 p 8-b/ 9678

BAN ON SONORA SWINE--The state government prohibited the entry of swine from the neighboring state, to avoid spreading swine gastroenteritis detected in Sonora, according to an agreement signed today by Governor Antonio Toledo Garro. (Text/ /Mexico City EXCELSIOR in Spanish 6 Mar 83 p 8-b/ 9678

CSG: 3400/2068

# IMPORT BAN FAILS TO SOLVE SWINE FEVER PROBLEM

Rotterdam NRC HANDELSBLAD in Dutch 7 Apr 83 p 11

[Text] Tilburg, 7 April--"It is good that the government has tried to curb swine fever with an import ban. Everyone would have been happy if it had worked. But the farmers have now lost all hope of escaping this epidemic so easily."

J. van der Meijden, a pig breeder in Son of Brabant, thus expresses the depressed mood of his fellow farmers. It is a pessimism shared by the Federation of Pig Raisers, the North Brabant Farmers and Market-Gardeners Federation, the Stock and Meat Production Association and the Animal Health Service Foundation. These four organizations have advised the Ministry of Agriculture to begin inoculations on a limited scale.

A ministry spokesman expects a decision on the matter tomorrow. It is also assumed that the ministry will shortly impose a transitional policy for the import of pigs. A general import ban for breeder pigs is now in effect until the beginning of next week for the provinces of North Brabant and Limburg.

## Drastic Measures

The Ministry of Agriculture resorted to drastic measures in late March when the number of reported cases of swine fever increased alarmingly. The disease occurred at 70 sites in 1982, and 58 cases had already been detected this year up to the time of the ban. In the past 10 days since then, a number of new cases have been reported there. The Ministry of Agriculture sets the number at four; the veterinary service at Den Bosch sets it higher.

J. de Bresser, secretary of the Federation of Pig Raisers, believes that it is irresponsible to delay inoculation any longer. He admits, however, that it is difficult to estimate in advance the drawbacks. In any case, a vaccination program would mean that the Netherlands will have to forego for some time the Common Market clearance rating for swine fever.

Another problem is that the vaccinated pigs will decrease in value and have to be marketed separately from the other animals. But De Bresser sees the

may be danger in the other Common Market countries of using their vaccines to pigs from the Netherlands. They could argue that it will become virtually impossible to determine whether Dutch pigs are infected or not because the vaccines contain the swine fever virus.

De Bresser calculates that the Netherlands has about 41,000 pig farms, which annually produce a total of 16 million feeder pigs. Approximately 65 percent of these animals are raised for export, and 40 percent of these go to West Germany.

#### Catastrophe

"If West Germany imposes an import ban for any long period, it would be a genuine catastrophe. Such a step would cost the Netherlands millions of guilders per week. For this reason, the responsibility for a vaccination-program decision is of such particular consequence. The damage would be incalculable."

The secretary of the Federation of Pig Raisers claims to have indications that the major client countries would react moderately to a limited inoculation campaign. Behind the stand in Brussels close consultation is going on. De Bresser is quick to admit that there is no guarantee at all for such accommodating attitude on the part of the Common Market partners. He believes that the Netherlands must nevertheless take the risk. "After all, even without inoculation there is the danger that the countries will close their borders because of the extent of swine fever in the Netherlands. The epidemic of swine fever has been going on for almost a year now--much too long. Pig raisers are growing impatient and can no longer tolerate the uncertainty."

"In an area where cases of swine fever have been regularly confirmed, farmers go to their sties each day with fear in their hearts. Some operations have been struck by the disease three times already. The people are living under great mental stress," says De Bresser.

He sees little point in extending the import ban. Primarily the breeder operations would suffer, for more and more farrows are accumulating that cannot be sold off. "The hygienic conditions would so worsen that the swine fever would inevitably recur." The government could adopt a policy of exemptions, but this would significantly weaken the ban. "And supervision is virtually impossible," De Bresser adds.

J. van der Meijden, a pig breeder from Ssn, is also an advocate of vaccination. His principal argument is that this would at least distribute the suffering equally. "Then we would all share the expenses, whereas now only a few are suffering."

#### Business Losses

According to Van der Meijden, the outbreak of swine fever is nothing short of disastrous for the business. All animals, the sick as well as the healthy,

must be disposed of. Indeed, the government compensates the market value of the healthy pigs. The Ministry of Agriculture paid 14.5 million guilders for this purpose last year and 9 million guilders already this year. But this is far from enough to cover the business losses. Pigs are not permitted on the farms again for 3 weeks. This means that it can be 6 months to a year before a breeder operation reestablishes a decent herd of pigs. For the operation is deprived of all its breeder stock in one stroke.

"It's a crushing blow," says Van der Meijden. "It destroys a farmer to see his animals being taken away to be disposed of. He didn't raise his pigs for this. He has looked after his stock from dawn to dusk. He has tried to get the best possible quality. And then all that work suddenly turns out to be for nothing. The only work he has left to do is clean out the empty sties.

"I just wish that this virus was as big as a rabbit so we could at least catch it," joked Van der Meijden, trying to contain his anger.

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## INFORMATION, STATISTICS ON RINDERPEST SUMMARIZED

Kaduna SUNDAY NEW NIGERIAN in English 10 Apr 83 pp 1, 9, 10

[Text]

**THE cattle killer disease — Rinderpest — is threatening the 10 million cattle population of this country.**

According to a Sunday New Nigerian investigation, the plague has taken a toll of more than 162,393 heads of cattle since the outbreak was reported late last year.

Rinderpest also known as cattle plague is a virus disease of which ruminants (mainly cattle) are much more prone to.

The outbreak of the disease was first reported in Sokoto with 346 cases recording 57 deaths, while Kaduna

reported 957 with 92 deaths. Bauchi state recorded the highest number of cases 1,538 with 115 deaths.

The spread of the cattle plague was in the increase by the end of March, this year when 300 heads of cattle had died in Kaduna, 700 in Gongola, 50,000 in Bauchi and 10,000 in Plateau states.

Veterinary experts confirmed that the cattle plague was not confined to the Northern states alone. In Ogun state 1,000 heads of cattle were reported killed by the disease. There have been suspected cases in Kano and Oyo states.

The veterinary services aimed at an effective control or possible eradication of Rinderpest dated back to 1924 when a major vaccination scheme was introduced in the country.

Between 1962 to 1965, the recorded number of outbreaks of the disease in the country was 3,786 with over 6,000 deaths.

According to veterinary experts contacted, the following decades witnessed some progress toward the control of the disease following the introduction of the International Rinderpest Control Campaign known as J. P. 15. This campaign was aimed at controlling the disease through vaccination.

After this campaign in 1966, it was estimated that 92 per cent of our cattle population (10 million) had protective antibodies against rinderpest at the end of the J. P. 15 campaign at a meeting of the National Livestock Development Committee held in Maiduguri — capital of Borno state.

Fulani cattle rearers have been asking questions as to how the cattle plague should break out again when the government assured them 10 years ago that Rinderpest has been eliminated in the country.

Some of the Fulani cattle rearers, the Sunday New Nigerian spoke to about the cattle disease said they believed that rinderpest is not contagious to human beings. This was confirmed by Veterinary

## TOLL SO FAR

KADUNA .....	300
GONGOLA .....	700
BAUCHI .....	50,000
PLATEAU .....	10,000
OGUN .....	1,000

experts contacted.

Some veterinary experts and local leaders contacted blame the resurgence of the cattle plague in the country to short supply of the vaccine for cattle inoculation.

Others blamed it on the migration of cattle from neighbouring countries and little co-ordination between the local governments veterinary divisions in terms of reporting of cattle disease outbreaks to Federal Livestock Department.

The Sokoto State Commissioner for Animal and Natural Resources, Alhaji Haruna Mahara, said in Sokoto at the weekend that about 39,000 heads of cattle passed through the state and the Niger Republic border illegally last year.

He said that the failure to check such cattle could be responsible for the spread of cattle diseases in the country.

The commissioner said that although the ministry offered vaccination facilities at animal control posts along the border, with about half a million heads of cattle entering the country from Mali, Upper Volta and Niger Republic, an epidemic would surely stretch our resources.

Alhaji Haruna then appealed to the Federal Government to set up more animal control posts along the nation's borders with neighbouring countries.

One of the veterinary experts the Sunday New Nigerian contacted in ABU Zaria writes: The manifesta-

tions of Rinderpest include high fever, diarrhoea, purulent discharges in the mouth and due to the high fever that ensues, complete inability of the animal to take in food and eventually death.

Rinderpest is not a ZOONOTIC disease. This means that the disease is hardly transferred from animals to human beings. Rinderpest was believed to have been eradicated into its resurfacing.

1 Because of the belief by the Federal Livestock Department that rinderpest has been eradicated, complete campaigns (inoculation of the pastoral Fulani herds) were not pursued in an all encompassing manner as it should be.

2 The fact that Nigeria shares common borders with Cameroon, Tchad, Niger and Benin, herds of these countries which were not being inoculated in the first instance, became carriers of the disease. Since our borders are so wide and because we import cattle from these countries, rinderpest was imported albeit bit-by-bit to Nigeria.

Little co-ordination between the local governments veterinary sections/divisions in terms of reporting of cattle plague outbreak to the Federal Livestock Department and the organisational time-lag in the effecting of immunological efforts in terms of timely procurement of the vaccine, logistics and maintenance of inventory also imply that the disease could spread fast.



## BRIEFS

FOREIGN COOPERATION ON RINDERPEST--President Shehu Shagari has announced that the Federal Government is now working in conjunction with other international agencies to eradicate the outbreaks of rinderpest in the country. He said because of the devastating nature of the disease, the Federal Government had sought for aid for the immediate control from Kenya, India and other foreign countries as well as other related agencies. He said all hands were on deck to provide some assistance to cattle herdsman who might have lost their means of livelihood during the outbreak of the disease in the country. He blamed the widespread of the disease and the extent of damages on some state governments who had not reported to outbreaks of the disease for immediate attention. [Text] [London WEST AFRICA in English No 3427, 18 Apr 83 p 966]

RINDERPEST SPREAD--The deadly cattle disease rinderpest, reported in some parts of the northern states, has spread to Ogun state. Already, about 1,000 cattle belonging to public and private enterprises have died since the disease was noticed. Prominent among those affected is the Ogun state Government-owned Ikenne Dairy Farm in Remo Local Government area of the state where about 400 cattle specially imported from Britain for rearing died. The cost of each of the cattle according to the State Commissioner for Agriculture and Natural Resources, Alhaji I. A. Sanni, ranged between N3,000 and N4,000. [Text] [London WEST AFRICA in English No 3427, 18 Apr 83 p 968]

CSG: 54-0111

# EPIDEMIOLOGY INVESTIGATED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No. 2, 1983 pp. 96-98

Article by Li Zhongqi [2621 6945 4388] and Sun Duo [1327 6993], both of the  
Mingxi Municipal Public Health and Epidemiology Station; Dong Bijun [5576 1201  
4111], Zhang Guiyun [1728 2710 0061] and Chen Huaxin [7113 0553 2450], all of  
the Epidemiology and Microbiology Institute, Chinese Academy of Medical  
Sciences; et al.: "Investigation EHF-antigen Carried by Rodents Captured in  
Mingxi City"

[Summary] By means of IFAT, a number of *Apodemus agrestis mandchuricus* and  
*Microtus fortis* were examined to see if they carried EHF-antigen in order to  
identify the possible reservoir of infectious agents in Huanren County,  
Mingxi City. IFAT with patients' sera from both the acute stage and  
convalescence revealed that the EHF-antigen was detectable in the lymph  
tissues of the above-mentioned two species of mammals. It seems that this  
is the first report in China as well as abroad on the carrier state of  
EHF-antigen by *Microtus fortis*. The authors believe that the above  
detected EHF-antigen is similar to those found in rodents of other endemic  
areas in China.

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## LIVESTOCK MINISTRY TO CONDUCT ANTI-RINDERPEST CAMPAIGN

Dar es Salaam DAILY NEWS in English 19 Apr 83 p 3

Article by Musa Lupatu

Text

THE Ministry of Livestock Development will mount a country-wide campaign against rinderpest following confirmation that the disease had erupted in the northern part of the country.

The director of Veterinary Services, Dr. I.S. Mpelumbe said in Dar es Salaam yesterday that reports by livestock keepers of the outbreak in Kiteto District, Arusha Region, had been confirmed as rinderpest.

Dr Mpelumbe said success of the campaign would depend on mobilisation of resources and transport.

The UN Food and Agriculture Organisation (FAO) has pledged to supply three million doses of vaccines for the campaign, he said.

A team of experts from the Temeke Central Veterinary Laboratory visited Kiteto districts last week and con-

firmed the disease in more than ten villages.

In Handeni District the disease was established in Sunya and Lengata villages, he said. In Mtwapa the disease was confirmed at Dosi Dosi and Nyanzi villages while Ol Bolot and Ofiteti in Kondoa district were also affected.

He said the situation needed immediate action, and that requests for assistance have also been sent to the European Economic Community.

Dr Mpelumbe who was in Rome for discussions with the FAO on the re-surfacing of the disease in Africa, said the organisation expected to contribute 2.3m in equipment and vaccines.

Rinderpest is reported to have re-surfaced in Africa from Senegal, through most of Central Africa to East Africa.

## BRIEFS

FOWL TYPHOID OUTBREAK--The Ministry of Livestock Development has directed the Kibo Poultry Farm in Moshi to close following an outbreak of fowl typhoid. The disease broke out in November last year prompting the Ministry to quarantine the farm. The Director of Veterinary Services, Dr. J.S. Mpelumbwe said in Dar es Salaam yesterday conditions at the farm were worse than last year because the farm owner has "flouted quarantine conditions." He said the Ministry has directed "complete closure," until all the chicks were removed and the place cleared, disinfected and fumigated to avoid spread of the disease. The Director said: "It is most unlikely that the owner would be allowed to operate grand parent stock in future." Two hatcheries in Moshi and Kibosho were quarantined by the Ministry last November following outbreak of fowl typhoid. The Ministry has quarantined the unit and prohibited movement of poultry products, unless permitted by the Regional Veterinary Officer. (Excerpt) Dar es Salaam DAILY NEWS in English 20 Apr 83 p 1/

DSO: 0400/2000

PRODUCTION OF LOCAL ANTI-RABIES VACCINE MAJOR 'BREAKTHROUGH'

Lusaka TIMES OF ZAMBIA in English 12 Apr 83 p 1

[Excerpt]

ZAMBIA has manufactured her first local anti-rabies vaccine which Agriculture and Water Development Minister Mr Unia Mwila yesterday described as a major "break-through".

Nearly 17,000 doses of the vaccine have been manufactured in the experimental stage under the supervision of a World Health Organisation (WHO) expert Dr Blancou.

Mr Mwila revealed that Zambia had launched a comprehensive programme to attain self-sufficiency in the production of many varieties of bacteria vaccine.

Already, a K3 million agreement with the European Economic Commission (EEC) had been signed for the

establishment of a vaccine production unit which would see Zambia producing all the animal bacteria vaccines she required.

But under Preferential Trade Area Agreement and other regional understandings, some groups of vaccines will be produced outside this country. The foot and mouth disease vaccine will be produced in Botswana and viral vaccines in Kenya.

Zambia would produce bacteria vaccines for local use and export to other PTA member states.

Rabies had been a serious animal and human disease whose control had been difficult because of foreign exchange constraints.

CSG: 5450/233

## BRIEFS

TSETSE FLY THREAT--The presence of tsetse flies in Namwala district is posing a serious threat to the livestock industry, district governor Mr Hatchwell Mwanamulando said in Livingstone yesterday. Presenting his report to the provincial council meeting which was held at Victoria Hall, Mr Mwanamulando said tsetse flies had become a problem because of lack of control in the movement of game animals. He said the situation had been worsened by lack of funds to carry out control measures such as ground and aerial spraying. "The tsetse situation is posing a serious threat to the livestock." So far 33 head of cattle died in Namwala from suspected haemorrhagic septicaemia (HS) disease while 2,000 had been vaccinated. The Department of Veterinary and Tsetse Control continued to carry out its normal work of curative and preventive treatment. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 16 Apr 83 p 2]

CSO: 5400/239

## SEVERE INFESTATIONS ON APPLE TREES

Christchurch THE PRESS in English 8 Apr 83 p 14

[Article by M. Lusty]

[Text]

Prevailing climatic conditions greatly influence the incidence and severity of many pests and diseases.

For instance, warm, damp, and humid weather favours the onset of rots such as grey mould (*botrytis*) on strawberries, and powdery mildew is always more prevalent in a dry season.

A pest which is always more common when temperatures are up and conditions are dry is the apple leaf hopper.

The apple leaf hopper, popularly known as the canary fly, looks very much like a miniature edition of a grasshopper with an overall yellow colour, hence the common name.

As its name also implies it is predominantly found on apple trees, but hawthorns also figure on its diet and it has been recorded on plum trees.

Usually a pest of minor significance, high temperatures and little or no rainfall can see it increase to the extent that crops are considerably affected.

At the present time some very severe infestations have been seen on unsprayed trees.

The leaf hopper is found predominantly on the underside of the leaf on which it feeds by sucking out the sap

from the foliage. This causes it to gradually assume a more and more yellow speckled appearance, much depending on the severity of attack.

Badly affected leaves may drop prematurely.

A side effect from the presence of these insects is the blemishing of the fruit from their excrement. The mottled appearance of the leaves caused by their feeding can create the mistaken impression of virus infection, though in fact the two symptoms are quite distinct from each other.

There are two generations of leaf hoppers produced during the year.

The eggs of one lot are laid in bark of the tree about now, and the second generation are laid some time in December, in the mid-ribs and veins of the leaves.

The young are pale green to greenish-white and similar in appearance to the adults but are wingless. The wings of the adult more or less envelop the whole body. When disturbed they jump up and about rather than fly.

Where a regular spray schedule is adhered to these insects should not present a problem. Carbaryl, orthene, or malidison will give good control.

## SOKOINE CALLS FOR THOROUGH RESEARCH ON CROP DISEASES

Dar es Salaam DAILY NEWS in English 21 Apr 83 p 1

[Text]

THE Prime Minister, Ndugu Edward Sokoine, has called on the Ministry of Agriculture to make a thorough research into crop diseases which, he said, were presently increasing at an alarming rate.

He said a number of crops in the country were presently suffering from one disease to another, noting that it was difficult to understand that even the country's ability to deal with the problem appeared to have been impaired quite considerably.

Ndugu Sokoine was assisting the Deputy Minister for Agriculture, Ndugu I. Kasyupa, in answering a supplementary question from the Mpanda MP, Ndugu E. K. Nsalamba, who wanted to know the steps being taken by the Ministry to wipe out the Great Grain Borer dubbed spreading throughout the country "like bushfire".

The Prime Minister said crops like banana, cloves, maize and cashews were presently under heavy attack from pests and other diseases.

Earlier, the Minister for Agriculture, Professor John Machunda, said emergency steps had already been taken to control the situation which, he admitted, was alarming. He said the measures included importation of chemicals and further research into the problem.

On the "Scania" problem the Minister said those using *Actellic* chemicals should ensure they are applied on maize after every three months.

Ndugu Machunda was answering the National MP for Tabora, Ndugu Mosi Tambwe, who expressed concern over "Scania" attacks in the region.

The Minister said that *Actellic* was only useful as long as one followed its prescriptions. He emphasised that the chemical should be applied once after every three months.

Ndugu Machunda said that once one stopped applying the chemical after the first three months, *Actellic* lost its power and was reduced to a source of food for the insects.



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